



**MONTANA STATE HOSPITAL
MENTAL HEALTH GROUP HOME
POLICY AND PROCEDURE**

**NOTIFICATION OF POLICY
IMPLEMENTATION OR CHANGE FOR THE
MONTANA STATE HOSPITAL MENTAL HEALTH GROUP HOMES**

Effective Date: December 15, 2015

Policy #: MSH MHGH-06

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- I. PURPOSE:** To establish a procedure for assuring that staff assigned to the Montana State Hospital (MSH) Mental Health Group Homes (MHGHs) understand and follow policies specific to operation of the program.
- II. POLICY:** All staff assigned to the MSH MHGHs will review all policies and procedures concerning the operation of the program or the facility. Updated information will be provided to staff as policies and procedures are initiated or revised.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. MSH MHGH Program Manager will ensure staff have access to all policy and procedures and understand the applicability of this information to the program and operation of the facilities.
 - B. MSH MHGH Staff will read and understand policies and procedures and ask questions to bring concerns to their supervisor's attention.
- V. PROCEDURE:**
 - A. A policy and procedure manual will be available on each MSH MHGH.
 - B. Each member of the hospital assigned to work the MSH MHGHs will review the policy and procedure manual and sign a confirmation sheet. This signature signifies that the employee understands the information and their obligation to follow the policy or procedure.
 - C. When new policies are implemented or existing policies are revised, this information will be communicated to staff by the program manager or through memos. Staff will sign a confirmation sheet indicating they understand the information and their obligation to follow the policy or procedure.

Montana State Hospital Mental Health Group Home Policy and Procedure

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- VI. REFERENCES:** Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908.
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director; Director of Clinical Services, Director of Nursing, Director of Quality Improvement, and Program Manager of the Montana State Hospital Mental Health Group Homes.
- VIII. RESCISSIONS:** #TCU-06, *Notification of Policy Implementation or Change* dated November 20, 2013; #TCU-06, *Notification of Policy Implementation or Change* dated November 7, 2011, #TCU-06, *Notification of Policy Implementation or Change* dated January 28, 2009; #TCU-06, *Notification of Policy Implementation or Change* dated January 18, 2006; #TCU-06, *Notification of Policy Implementation or Change* dated January 10, 2003; Policy #TCU-06-99-N, *Notification of Policy Implementation or Change* dated July 15, 1999.
- IX. DISTRIBUTION:** MSH MHGH Policy and Procedure Manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Program Manager of the Montana State Hospital Mental Health Group Homes.
- XII. ATTACHMENTS:**
Attachment A. MSH MHGH [New Policy/Revised Policy Confirmation Form](#)

_____/_____/_____
John W. Glueckert Date
Hospital Administrator

_____/_____/_____
Thomas Gray, MD Date
Medical Director

Date Posted ____/____/____

I have reviewed and understand the above policies and or procedures.

[illegible]